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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
*Yes AH*  
 This application is a CON of 10/083,472 02/27/2002 PAT 6,704,396

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None AH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 04/21/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>AK on Hoosain</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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ADDRESS  
 7055  
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TITLE  
 Multi-modal communications method

FILING FEE  RECEIVED 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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